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ABSTRACT

Data relating to population and family planning in eight foreign countries are presented in these situation reports. Countries included are Afghanistan, Cyprus, Iran, Kenya, Lebanese Republic, Malagasy Republic (Madagascar), Malaysia (West), and People's Democratic Republic of Yemen. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, research and evaluation, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (BL)

Situation Report

Distribution *

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Country AFGHANISTAN Date AUGUST 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

ED 066319

STATISTICS	1960	LATEST AVAILABLE FITURE FIGURES
Area		647,497 sq.kms.[1]
Total population	13,800,000	17,125,000(1970 est)[1]
Population growth rate	1.8%	2.4%(1965-70)[1]
Birth rate		50.5 per 1,000 (1965-70)[1]
Death rate		26.5 per 1,000 (1965-70)[1]
Infant mortality rate		...
Women in Fertile Age Group (15-44)		...
Population under 15		40%[2]
Urban population		20%[2]
GNP per capita		n.a.
GNP per capita		0.3% (1960-69)[3]
Population per doctor		20,440 (1969)[4]
Population per hospital bed		6,680 (1969)[4]

1) UN Demographic Yearbook

2) Local Estimate

3) World Bank Atlas, 1971

4) UN Statistical Yearbook 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

SE 014 513

GENERAL BACKGROUND

Afghanistan is a mountainous country without an access to the sea. It has extreme climatic conditions with bitter winters and very hot summers. The capital is Kabul with a population of about half a million. Over two million people are nomadic. There has been no population census held in Afghanistan and all statistics are estimates.

Language

The two major languages are Dari (a dialect of Persian) and Pushtu.

Ethnic Groups

The ethnic background of Afghanistan is extremely diverse. The Pathans are probably the largest group. Ghilzais, Uzbecks, and Tadzniks are other important groups.

Religion

Islam is the official religion and with the exception of small minorities of Hindus, Sikhs, and Jews, almost all Afghans are muslims.

Economy

The economy is mainly based on agriculture, and nearly nine tenths of the work-force is engaged in this sector. The two most important products are sheep and wheat, but rice and other cereal crops and fruits, especially raisins are also grown. Cotton is becoming steadily more important and in some areas nots are one of the main products. It is hoped to use this varied agricultural capacity as the basis of a modern food-processing and canning industry which would increase export earning and boost the income of the rural population.

There is some mining industry in Afghanistan though it is not yet of really major importance. Much of the country is virtually unexplored from the geological point of view, and through large iron deposits have long been known lack of local fuel made their exploitation unfeasable. Recent discoveries of substantial reserves of natural gas promise future possibilities in this field. There are smaller coal deposits, which serve to fill the fuel needs of most of the cities. Afghan lapis lazuli has been mined for thousands of years, and this traditional industry continues. Oil, gold and other metals have been located, but not yet in commercial quantities.

Industry is as yet of minor importance, but is growing fast from its very small base. On the other hand Afghanistan has a traditional handicraft industry of international repute and the production of hand woven carpets is the most important.

Communications/Education

Radio Receivers:	16 per 1,000 inhabitants (1967)
Daily Newspapers:	7 copies per 1,000 inhabitants (1967)
Cinemas:	0.6 seats per 1,000 inhabitants (1965)

There is no television in Afghanistan.

Communications are not well developed. Good roads link major urban centres. There are no railways.

The adult illiteracy is about 90%. Primary education is free and compulsory wherever possible. UNESCO figures for 1967 indicate that level of schooling is very low. Adjusted school enrolment at the primary level is 19% and at secondary level on 3%. It is hoped to provide basic education for half the school-age children by 1980.

There are two universities, one in Kabul where the language of instruction is Dari and one Jalalabad where instruction is in Pushtu. Both universities have medical schools.

Medical/Social Welfare

The basic health services need to be greatly improved. The Ministry of Public Health has about 80 hospitals and health centres. Most private companies have their own doctors and hospitals. The lack of trained personnel and the difficulties of internal communication especially to the villages will be serious impediments for a long time to come.

FAMILY PLANNING SITUATION

The Government includes family planning in its basic health services, especially in the MCH centres. The voluntary family planning association offers contraceptive advice and runs clinics, mostly in government MCH centres.

Attitudes

The Government attitude towards family planning has become increasingly positive over the last 3 years culminating with the decision in 1971 to intergrate family planning into the basic health services in cooperation with the Family Guidance Association. The Government has signed a formal protocol under which the Association is changed with a number of official functions in relation to family planning work, especially in the fields of training and evaluation.

Family Planning Association

The Afghan Family Guidance Association was formed in 1968 after the Cabinet endorsed the Constitution of the Association. The inaugural meeting of the Association was attended by members of the Royal Family and government officials, and the first clinic was opened in 1968. The leadership of the Association unites prominent volunteers as well as public health personnel.

Since its creation the Association has had an increasing official support, and is now formally charged with the training of public health personnel in family planning, collection and analysis of statistics concerned with Family Planning and advise the Ministry of Health on family planning matters.

In 1971 the Afghan Family Guidance Association became an associate member of the IPPF.

Address:

Afghan Family Guidance Association,
Nadir Shah Mina,
P.O. Box 545,
Kabul, Afghanistan.

President:	Mrs. Nazifa Ghazi Nawaz
Vice-President:	Dr. Mir Ghulam Haider Maher
Secretary-General:	Dr. Abdul Ghafar Aziz
Treasurer:	Mrs. Fahima Arsala
Members of the Executive Committee:	Mrs. Mastura Nawaz
	Mrs. Shafiqa Seraj

Clinic Services

The Association has been expanding its clinical activities since 1968. The first clinic was opened in November 1968, and four more clinics were set up in 1969. Total number of clinics reached 10 by the end of 1970 and 17 by the end of 1971. Shortage of trained medical and para-medical personnel creates difficulties for the Association to man the clinics.

During the first full year of operation,1969, nearly 6,300 visits were made to the Association clinics. There were about 4,900 pill users and 902 IUD acceptors. In 1970, the total number of visits rose to nearly 13,000 and in 1971 to over 20,000. Majority of the clients still prefer to use the oral pill. During 1971, there were about 13,000 visits by pill users and about 7,000 visits by IUD users among women visiting AFGA clinics.

Information and Education

The Information and Education Department of the Association carries out its activities through publications, film shows and home visits. Motivational and instructional pamphlets and posters for publicity purposes have been published and widely distributed. The Department publishes a monthly newsletter in Dari. In 1971 special publications were issued on Mothers Day and Literacy Day. As a first contact with new mothers, the Association sends congratulatory cards. Educational films are shown in clinics and MCH centres. Film shows for the general public are also organized and during 1971, approximately 18,000 people attended these shows. The Association carries out face-to-face communication activities through its 35 family guides and the Information and Education Department has the responsibility for training and supervising. In 1971 about 11,000 home visits were made. There are negotiations with the Ministry of Education and the Association to incorporate family planning material in the high schools.

The Information and Education Department collaborates with the World Education Inc. in their Functional Literacy Programme. According to the protocol signed, AFGA will train teachers in family planning and provide necessary material.

Training

The Association organizes training courses for medical and para-medical personnel and for the Family Guides. The family planning clinic in the University of Kabul provides facilities for teaching and practise.

In 1971 training was instituted in three nursing schools in Kabul under AFGA auspices and 316 nurse/midwives were trained. This programme will continue as a permanent feature of the training activities of the Association. A substantial increase in training activities is foreseen from 1972 onwards when the Association is charged with the training of public health services personnel in family planning.

AFGA organized two training seminars in 1971, one for nurse/midwives and one for Family Guides. Association personnel are also sent abroad for training.

Research and Evaluation

The Association set up a new department, Directorate of Statistics and Evaluation during 1971. The new Department will be responsible for the evaluation of various activities carried out by AFGA. This includes maintaining and analysing clinic statistics with the aim of measuring how well the clinics are functioning, studying characteristics of acceptors and conducting follow-up surveys to find out the reasons for stopping contraceptive use.

Research and Evaluation cont.

The Statistics and Evaluation Unit works in close cooperation with the Afghan Demographic Study (ADS) which is being conducted by the Department of Statistics of the Ministry of Planning, with technical assistance from the State University of New York and financial assistance from USAID. The ADS will provide the Government of Afghanistan with accurate nation-wide statistics on population and will have a section on family planning. Information on the present level of knowledge on and practice in family planning will be of extreme help to AFGA in designing its own programme.

IPPF Assistance

The IPPF has provided technical assistance to the AFGA since its inception in 1968, and has in addition provided financial assistance. In 1970 the grant was $50,000, in 1971 $83,000 and in 1972 $125,000

Other Assistance

Many organisations have been involved in assisting the AFGA especially in its early stages. In addition to the IPPF the largest donor at the moment is the USAID, which allocated funds totalling $130,000 in 1970 and $265,000 in 1971. These funds have been partly used by the AFGA and partly by the Afghan Government to strengthen demographic services. UNFPA has allocated $15,000 towards demographic scholarships.

SOURCES

Afghan Family Guidance Association, Annual Report to IPPF, 1970

Afghan Family Guidance Association, Third Annual Report, 1971

Afghan Demographic Studies, Demographic Newsletter, Nos. 2 and 3,

Department of Statistics, Ministry of Planning

UNESCO Yearbook 1969

Europa Yearbook 1971

Situation Report

Distribution *

Country CYPRUS

Date AUGUST 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURE
Area			9,251 sq.kms.
Total population	490,000	573,000	633,000(1970)
Population growth rate			1.3%(1965-70)
Birth rate		23.5	21.3 per 1,000 (1970)
Death rate			6.8 per 1,000 (1970)
Infant mortality rate			25.7 per 1,000 (1970)
Women in fertile age group(15-44)			142,800(1970)
Population under 15			32.8%
Urban population			39%
GNP per capita			US$893(1970)
GNP per capita growth rate			4.6%(1970)
Population per doctor			1,236(1970)
Population per hospital bed			180(1970)

Statistics in the table have been provided by the Statistics and Research Department, Ministry of Finance and the Chief Statistician, Ministry of Health.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Republic of Cyprus gained independence in 1959. Its capital is Nicosia with a population of 114,000. Cyprus, the third largest island in the Mediterranean, has a varied topography and abundant rainfall in the spring and winter seasons. As a result, the island is very fertile, and a large variety of crops can be grown for export as well as for domestic consumption. Tourism has been growing in recent years and government is encouraging the expansion of hotel and other tourist facilities through the provision of long-term credits.

Ethnic Groups

About 80% of the population are Greeks and 18% Turks.

Language

Greek and Turkish.

Religion

The Greek community adheres to the Greek Orthodox Church and most of the Turks are Muslim.

Economy

The agricultural sector of the economy is the most important earner of foreign exchange and employs more people than any of the other sectors. The main exports are spring potatoes, tobacco, vegetables and citrus fruit and during the last decade there has been an increase in the production and export of grape products.

Industry is the second largest sector as regards employment, but most of the enterprises are of very small scale producing mainly for the home market. A few enterprises have just started exporting their products either to countries of the Middle East or even to Europe. The most important industries are mining, small scale copper mining and asbestos, construction, wine products, food-processing and textiles.

The present development plan envisages a 7 per cent per annum increase of the national product, and much effort is devoted to ameliorating conditions in rural areas while at the same time increasing agricultural exports.

Communications/Education

Radio:	237 receivers per 1,000 inhabitants (1968)
Television:	51 receivers per 1,000 inhabitants (1968)
Cinema:	132 seats per 1,000 inhabitants (1968)

There are 8 daily newspapers with a total circulation of 66,000 i.e., 106 per 1,000 inhabitants.

Both primary and secondary education are well developed. All children receive primary education and more than 80 per cent of them secondary education. There is no university in Cyprus but there are teacher training facilities as well as forestry and technical training colleges and institutes.

Medical/Social Welfare

The health services are well developed and much emphasis has been laid on MCH services with the result that infant and maternal mortality is quite low compared with the neighbouring countries. A comprehensive social insurance scheme covers every working person and their dependents.

Family Planning Situation

There is no official policy on family planning in Cyprus but contraceptives are available on the local market. A family planning association was founded in December 1971 which will focus mainly on educational aspects of family planning, especially sex education.

Family Planning Association

Over the last few years a growing number of doctors, nurses, midwives and social workers became aware of the need for formal family planning and sex education activities in Cyprus. In May 1971 a group of interested persons arranged the first major public meeting on family planning to be held in Cyprus which was well attended and received favourable reaction in the press and on television. The success of this meeting and the subsequent response to it finally persuaded the sponsors that the time was ripe for the creation of a Family Planning Association of Cyprus. The founding meeting of the Family Planning Association of Cyprus took place in December 1971 and the following officers were elected:

President:	Dr. D.M. Taliadoros
Vice-President:	Mrs. M. Th. Middleton
Honorary Secretary:	Mr. Chr. Vakis
Members of Executive Committee:	Dr. M. Attalides
	Dr. T.M. Papageorchiov

The address of the new Association is:

c/o Dr. D.M. Taliadoros
37 Homer Avenue,
Nicosia. Tel: 4951

After establishing itself administratively the Association opened the first pilot family planning clinic in Nicosia in May 1972 and embarked on information and education work. Expansion to other parts of the island will take place later.

A number of the members of the Association have already been trained in family planning and sex education with IPPF sponsorship. The Association has good relations with the Ministry of Health and other social organizations.

IPPF Assistance

A grant of $8,600 was allocated in 1972 to help the Association start its activities.

Situation Report

Distribution *

Country IRAN Date JULY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,648,000 sq.kms.[1]
Total population	16,276,000	21,500,000	28,662,000 (1970 est)[1]
Population growth rate			2.9%(1963-70)[1]
Birth rate	48	45	45.4 per 1,000 (1965-70)[1]
Death rate	8.2	24.5	16.6 per 1,000 (1965-70)[1]
Infant mortality rate			139 per 1,000 (1966)[2]
Women in fertile age group (15-44)			4,848,590 (1966)[2]
Population under 15			46% (1966)[2]
Urban population			40.8% (1970)[3]
GNP per capita		—	US$350 (1969)[4]
GNP per capita growth rate			4.9%(1960-69)[4]
Population per doctor			3,674 (1970)[5]
Population per hospital bed			870 (1969)[6]

1) UN Demographic Yearbook
2) Population Census 1966
3) UN Monthly Bulletin of Statistics, November 1971
4) World Bank Atlas, 1971
5) UN Report on Iran ST/SOA/SER.R/13
6) UN Statistical Yearbook

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Iran is a vast country with a low average population density (17 per sq.km), but many parts of the country are virtually uninhabitable due to high mountains, deserts or salt swamps. Most of these areas are concentrated in the central parts of Iran, with the result that the highest population densities are around the circumference of the country, and the centre very sparsely populated. One attempt at deriving the 'biological density of population' arrives at 120 per sq. km. The implications of such a situation for the communications within the country are obvious, especially when considering that even in the relatively densely populated area, much of the population live in inaccessible villages with no or poor road of access.

Owing to a wide range of climatic conditions, practically all types of agricultural products are grown in Iran, including all the most important cereals and fruits. Often productivity is low, especially under the old system of land tenure where the incentive for soil improvement and irrigation schemes is very low. The 'White Revolution' land reforms were designed specially to give more incentive to the individual farmer but progress is slow. One of the most serious problems for Iranian agriculture is chronic water shortage and this was one of the important reasons for the adoption of the official population policy.

Language

The official language is Persian (Farsi) but in some areas dialects of Turkish, Arabic and Kurdish are spoken.

Ethnic Groups

Iran has numerous ethnic groups of widely differing origin.

Religion

The official religion is Islam. The majority of Iranians are Muslims - mainly Shi'ite.

Economy

The development of very large sources of petroleum has led to a dependable and steadily increasing flow of funds for development purposes and has, to a large extent, freed Iran from the foreign currency restraints which have so often proved the breaking point of development plans.

The extremely high standard of some types of Iranian handicrafts, especially carpet making and copper-ware, has enabled the handicraft sector to survive and flourish in a manner which is rather unusual. Side by side with the continuing traditional industries, modern industry is expanding rapidly and the total industrial production is said to have doubled from 1960 to 1966 and the pace of industrialisation is increasing rapidly. The overall rate of economic growth in the period 1960-67 was 4.8%.

Iran is a member of the Regional Cooperation for Development treaty together with Turkey and Pakistan.

Education/Communications

Primary education is free and compulsory for both sexes, but this has not been fully implemented in rural areas. In 1967 the adjusted school enrolment ratio was 58% in primary and 19% in secondary education. Many isolated villages and poor communications greatly hamper the expansion of education in some rural areas. Literacy rate is 57% in urban areas and 21% in rural areas, i.e. 35% of total population over 10. The adult literacy campaign aims at reducing illiteracy to 43% by 1972. Vital to this campaign has been the conscription of young secondary school and college graduates as teachers in place of normal military service.

Higher education is well developed and there are 7 universities, all with medical schools. In addition there is an industrial university.

Radio:	93 receivers per 1,000 inhabitants (1969)
Television:	9 sets per 1,000 inhabitants (1969)
Cinemas:	8.6 seats per 1,000 inhabitants (1969)

There are 21 major daily newspapers, circulation figures are not available. Communications are difficult because of the extensive mountain ranges. CENTO highway will link Turkey, Iran and Pakistan.

Medical/Social Welfare

Public health services are hampered by poor communications. Mobile unit approach has been accepted to solve some of the problems. National service draftees with medical experience have been formed into a Health Corps bringing medical assistance to rural areas.

Social welfare schemes have been gradually incorporated during the last two Five-Year Development plans.

Women in Iran obtained the vote in 1963.

Family Planning Situation

Family planning advice and supplies can be obtained throughout Iran at more than 1,500 government clinics and from the clinics of the Family Planning Association of Iran. There is a national family planning programme which is being integrated into the basic health services of the country.

Attitudes

The official attitude to family planning has been very positive for a long time. His Imperial Majesty, the Shahanshah is one of the original signatories to the World Leaders' Declaration on Population.

Religious leaders in Iran generally endorse family planning. Special seminars are organized for religious leaders.

Legislation

There is no restrictive legislation on contraceptives. Abortion and sterilization are allowed only on medical grounds.

It has been reported that though the statutes in the penal code dealing with abortion are very strict, there is not a strong enforcement of these statutes and it seems clear that substantial numbers of illegally induced abortion take place every year, especially in Tehran.

This situation has led to the re-examination of the legal situation in respect to abortion and some liberalisation is expected in the near future.

Family Planning Association

Since the late 1950s various local groups have been giving contraceptive advice and supplies, especially in Tehran, but there was no overall coordination of this work at the national level. The IPPF supported some of the early efforts through grants of contraceptive supplies. In 1958 the Family Planning Association of Iran was founded. The Association was officially registered in 1964 and gained the patronage of Her Imperial Majesty, Queen Farah.

The aims of the association, quoting from their statutes are 'to help families to arrange the number of the children according to their social and economic possibilities, to reduce the rate of abortion and to reduce the rate of infant mortality'.

Since the national programme is basically responsible for the expansion of clinical activities, the Family Planning Association is concentrating on the information and education aspects of family planning and also carries out research. These are areas where the Association can effectively complement the government programme and the government, on its part, recognized the importance of having a non-governmental body working in cooperation with the national programme.

The Family Planning Association of Iran played a major role in lobbying for support of the resolution on family planning adopted by the United Nations Conference on Human Rights, which took place in Tehran in 1968, Iran being the host country to the Conference. At this conference, family planning was declared a universal human right.

The Family Planning Association of Iran became an associate member of IPPF in 1971.

Address:

Family Planning Association of Iran,
P. O. Box 2851,
Tehran, Iran.

Telephone: 624905/625094

Cables: FAMPLAN TEHRAN

Personnel:

Honorary President:	Her Imperial Majesty, Queen Farah
Chairman:	Miss Sattareh Farman-Farmaian
Secretary-General:	Mr. H. Amir Ibrahimi
Treasurer:	Dr. A. A. Zahedi
Executive Secretary:	Miss Pary Nomen

Services

The Family Planning Association of Iran runs 8 full-time clinics in Tehran, one of them being in the Queen Farah Hospital, one of the largest maternity hospitals in the world. The Association has branches in 9 provinces and one full-time and six part-time clinics are operated by these branches. All the existing clinics run by the government and other agencies are open only in the morning. The FPAI has arranged many afternoon clinics in Tehran and in provinces for working mothers. Most of the FPAI clinics are located in the Community Welfare Centres.

In 1971, 48,754 patients visited FPAI clinics. Out of these, 13,503 were new acceptors and the rest return visits. Methods used by the patients were as follows:

Methods	New Acceptors	Return Visits	Total
Oral pill	10,444	29,949	40,393
IUD	1,582	3,086	4,668
Condom	1,455	2,171	3,626
Others	22	45	67
TOTAL	13,503	35,251	48,754

109 women who wished to have tubal ligations were referred to Farah Maternity Hospital. The Association clinics also offer gynaecological examinations and ante-natal counselling services.

Information/Education

The Association puts much effort to information and education work. In addition to weekly educational sessions held in the Community Welfare Centres for mothers and young girls attending vocational classes, the FPAI made special efforts during 1971 to influence male and youth attitudes towards family planning. To this end, experimental projects were initiated at the Fathers' Clubs in Tehran and for factory workers in Yazd and Isfahan. Face-to-face education and family planning consultation was provided in 24 factories in Yazd and in 27 factories in Isfahan. These projects have proved extremely successful and are to be extended over 1972-73.

Youth also has high priority in FPAI's target audience. Family life education, population growth and contraceptive methods are being discussed in youth clubs run by the social workers in Community Welfare Centres. Primary contacts were made with some schools in the south of Tehran to initiate family life education. As a part of the Information Campaign, 50,000 'home work' books for school children were printed with family planning message and distributed among the stationery stores in Yazd.

The Family Planning Association of Iran publishes a quarterly newsletter in Persian. In 1971, posters and new year cards were printed for publicity purposes.

198 film shows were arranged at Community Welfare Centres and factories during the year.

The Association plans to extend its information and education activities to rural areas. Initial studies have been undertaken to launch educational projects in these areas. IPPF has donated a self-contained mobile audio-visual unit to assist the Association to reach remoter parts of the country.

Training

The FPAI trains its own personnel, and a doctor working for the Association conducts training courses for staff of other organisations in Farah Maternity Hospital. In 1971 the FPAI organized two training courses. A one-week course was held to train 8 midwives in family planning and maternal and child health. Another course which lasted four weeks was organized to train 9 high school graduates in family planning motivation and follow-up. These motivators will work in the areas surrounding family planning centres. Their main responsibility will be to motivate people toward family planning, to inform them of the clinical facilities and to carry out follow-up work.

Research

The Association has conducted several clinical research studies and follow-up and KAP surveys. In 1971 a study was carried out to obtain continuation rates in two of the FPAI's old centres. Nearly 600 women were interviewed.

The Association has previously conducted studies on post partum amenhorrhea, age at menopause and menarche, KAP characteristics of patients and other topics.

Government

The official attitude towards family planning has been favourable for some time but no action was taken until the end of 1966, when Royal Orders were issued to the Government regarding the establishment of a national family planning programme. The programme was officially launched in April 1967. During the first four years of the programme it was considered essentially as a social welfare and public health programme, complementing the existing services. In 1970 there was a marked shift in emphasis as the implications of the rate of population growth began to be known and as several doubts about the availability of pure water supplies in the future arose. Since then, the family planning programme has been considered the prime factor in a national population policy. The demographic goal of the programme is to reduce the population growth rate by ½% within 7 years. The long term target is a growth rate of not more than 1.0 to 1.5% per annum. The Shahanshah has taken a personal interest in the progress of the programme. The original allocation of 6.7 million dollars for the programme during the 1968-73 plan period has since been revised upwards on an annual basis.

Address

Family Planning Division,
Ministry of Health,
Tehran, Iran.

Dr. A. M. Sardari, Under-Secretary of State for Health and Family Planning, is in charge of the national programme.

Services

Family Planning centres have been established in the existing health centres, clinics, maternity homes and hospitals since the setting up of separate family planning clinics involves high costs and additional personnel. By October 1971, there were 1,597 centres offering family planning services. These centres are manned by doctors and midwives who have passed specialized training courses.

The following statistics were released by the Ministry of Health in August 1971.

Year	Total Patients	New Patients	Cycles Prescribed	IUDs	Condoms Distributed
1967	313,348	130,355	264,989	7,599	-
1968	568,443	142,781	439,550	13,855	27,583
1969	1,521,859	293,737	1,350,990	13,482	231,089
1970	2,246,751	354,468	2,065,468	18,591	808,643
1971 (April, May, June)	757,450	122,246	698,045	3,935	315,976

During October 1971 a total of 268,538 patients were seen at the family planning clinics, out of which 37,915 were new acceptors. It is estimated that approximately 90,000 pill cycles are sold monthly through commercial channels.

The continuation rates for oral pills and for IUD are estimated to be low - about 33 per cent for the pills and 38.5 for the IUD at the end of twelve months.

Information/Education

During the first three years of the programme, the Family Planning Division of the Ministry of Health concentrated its efforts on developing clinical services and on training people at different levels for different types of work. The Division now is turning its attention to the use of mass media as a means of direct communications and as ancillaries to the work being done by the education and communications agents. Time is allocated to family planning programmes both on radio and television and a series of spots to be used during intermissions in cinemas. Several films have been produced and information is published monthly in Persian and quarterly in English.

A unique service in Iran is the training and employment of large cadres of army conscripts in family planning: Health Corps, Literacy Corps, Women's Corps and Development Corps. These are high school and university graduates assigned to development tasks in rural areas during the major part of their military service and they are in constant contact with people.

In addition to the personnel of the health services and the Revolutionary Corps, a staff of fieldworkers for education and motivation has been specially recruited. Since it was considered essential that these workers should be closely identified with the potential clients, it was decided to recruit only local women, married and with children of their own. These workers must have completed primary school, but on the other hand must not have had more than 9 years of schooling. By late 1970, 60 of these field workers had been recruited in each province.

The importance of introducing family planning as early in life as possible is being realized, but advances in sex education are cautious for fear of meeting adverse reaction from conservative groups. So far, this type of opposition has not been encountered and steps are being taken to introduce sex education into the curriculum at high school level. Population dynamics is already incorporated in some high schools and it is planned to expand this. It is recognized however that great practical difficulties arise in re-educating teachers and in devising the right type of educational materials to suit local conditions.

The Ministry of Health also consults with religious leaders and institutions on various aspects of the programme and family planning seminars have been arranged for religious leaders. As a result, there is a broad religious consensus of support for the programme and lectures on family planning are included in many theological institutions in the country. Specially qualified young men have been enrolled in the Religious Corps, a new branch under the Revolutionary Corps, with the object of making this religious support known.

The Family Planning Division of the Ministry of Health organized the 14-day International Workshop 'Communication in Family Planning' in cooperation with the Population Council and the University of North Carolina in June 1970.

The most important individual communications project so far undertaken is the Family Planning Division/Population Council project in Isfahan Province. This project was started in 1970 and carried out through 1971. The aim of the project is to determine the impact of an intensive mass education and communication programme, using mass media and agents such as doctors, teachers, Revolutionary Corps and family planning field workers on knowledge, attitudes and practice of family planning.

Training

Much emphasis is placed on training in the National Family Planning Programme. The Ministry of Health operates a large training institute at Firouzgar. By August 1971, 1,350 doctors, nurses and midwives were trained at intensive three-week courses at this Centre. In addition, 254 doctors of the Imperial Organization, 36 MPH graduates from Tehran University specialized in family planning, 4,500 male and 780 female Health Corps, 455 Fieldworkers received training. Since revolutionary corps change from year to year, training of the new intakes constitutes a major part of the training programme. Nearly 50,000 men and women literacy corps, 5,000 development corps and more than 4,000 other personnel have received family planning training.

Training centres for doctors and midwives have now been opened in three other provinces. At the university level, the Ministry of Health has devised curricula for family planning training in medical schools and some of the universities have already incorporated these in their curricula. Teaching personnel from the medical schools have participated in special training courses at the Firouzgar Centre. Demography and family planning research is being increasingly adopted by universities.

Research and Evaluation

The Evaluation Unit of the Family Planning Division is responsible for collection of statistics on clinic activities. The Unit makes special efforts to obtain accurate continuation rates. In 1971 a training course was organized for family planning personnel on service statistics, programme activities such as follow-up, continuation rates etc. and research. The Evaluation Unit is processing a sample of 37,000 cards of acceptors from clinics in the Central Province to study the reasons for discontinuation.

The universities have been involved in demographic research for a long time.

The Research Unit of the Family Planning Division is engaged in medical and social science research. On the medical side, studies have been done with Copper Ts and Depo Provera. The unit has also made a study on and a collection of the herbs and other traditional means used for abortion. Among the non-medical research carried out by the Unit are a survey of attitudes toward abortion in five provinces and several KAP studies among doctors, university students and on religious attitudes.

A Research Committee consisting of twelve people interested in research coordinates medical and non-medical research studies undertaken by various organizations and individuals.

IPPF ASSISTANCE

IPPF has provided financial assistance to the Family Planning Association of Iran since 1969. Grant for 1972 was $60,000.

Other Organizations

United Nations Fund for Population Activities granted $1.6 million to the national programme. The agreement which was signed in November 1971 follows the visit of a UN mission to Iran to study the family planning programme. The grant will be used in areas of strategic importance which include pilot projects and experimentation to identify action programmes most suitable for Iran. Training activities, research, support for non-governmental organizations and communications, are among the projects to be implemented under the agreement. The UNDP office in Tehran has been assigned a coordinating role and administration of the projects has been given to a special committee comprising experts from the Plan Organization, The Ministry of Health Family Planning Division, Tehran University and one UN Consultant.

The Population Council has assisted in the original formulation of the programme and has provided assistance for a number of specific projects. The Population Council maintains a resident representative in Tehran.

Pathfinder and Ford Foundation have provided assistance for specific projects.

SOURCES

The Family Planning Association of Iran, Annual Report to IPPF, 1971.

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M. Amani, Overview of the Demographic Situation in Iran, 1970.

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Situation Report

Distribution*

Country KENYA

Date AUGUST 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURE
Area			582,644 sq.kms.
Total population	6,018,000	8,155,000	10,890,000(1969)[2]
Population growth rate			3.3% (1969)[2]
Birth rate			47.8 per 1,000 (1965-70)[1]
Death rate			17.5 per 1,000 (1965-70)[1]
Infant mortality rate			119 per 1,000 (1969)[2]
Women of fertile age (15-49)			2,336,036(1969)[2]
Population under 15			48.3%(1969)[2]
Urban population			9.6%(1969)[1]
GNP per capita			US$130(1969)[3]
GNP per capita growth rate			1.5%(1960-69)[3]
Population per doctor			10,240(1967)[4]
Population per hospital bed			730(1967)[4]

1. UN Demographic Yearbook 1970
2. Provisional Census Result
3. World Bank Atlas
4. UN Statistical Yearbook 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Kenya became an independent member of the British Commonwealth in 1963 and a republic in 1964. Together with Uganda and Tanzania, Kenya is part of the East African Community.

A national census in 1969 indicated a population 368,000 larger than previous official estimates. The largest city is the capital, Nairobi, which had a population of 509,286 in 1969. Mombasa, the next biggest city, had a population of 247,073. Overall density is about 50 per square mile, but some 75% of the population is contained in only 10% of the area.

The average number of children born alive to women who survive to 50 is estimated at 7.6, one of the highest rates in Africa.

Ethnic Groups

The main tribes are the Kikuyu (1.8 million), Luo (1.3 million), and Luhya (1.1 million). There is a large Asian minority (c. 140,000), some 42,000 Europeans and 40,000 Arabs.

Language

The official languages are English and Swahili.

Religion

The majority follow traditional beliefs. About 25% are Christian and 6% Muslim.

Economy

Agriculture is the chief occupation and source of income for the majority of the population, but the service and manufacturing sectors are also important. Kenya's economic record since independence has been very successful relative to other African countries.

Kenya's agriculture is sufficiently diversified to give some protection from fluctuationsin world markets. Chief export crop is coffee - mainly a high grade arabica. The main food crop is maize. Through their cooperatives, African farmers now produce a large proportion of the principal cash crops of coffee, tea and pyrethrum. Kenya is one of the few African countries to have an important and expanding dairy industry.

In manufacturing, food, drink and tobacco is the largest sector. Other important industries are vehicle assembly, chemicals and petroleum products, and textiles, footwear and clothing. Tourism is of growing importance.

Urban unemployment and rural underemployment are a persistent problem. The Government directed all employers to increase their labour force by 10% with effect from 1st July 1970.

Main exports in 1970, in order of importance were: coffee, tea, petroleum products, meat and meat products, pyrethrum and sisal.

Communications/Education

The country has an extensive transport system with some 25,000 miles of road of varying quality, 2 international airports, at Nairobi and

Mombasa, a railway system, and an international port at Mombasa.

The Government radio, the Voice of Kenya, operates 3 services, in Swahili, English and vernacular languages (18 altogether). Television was introduced in 1962. There are 3 daily newspapers.

Radio:	73 sets per 1,000 people (1970)
Television:	3.5 sets per 1,000 people (1970)
Cinema:	1.9 seats per 1,000 people (1970)
Newspapers:	8.3 copies per 1,000 people (1970)

School enrolment 1969: primary 1,282,297; secondary 115,246. More than 1,400 students attended the University of Nairobi.

Education is not compulsory, and it is estimated that more than half the population are illiterate. About 5,000 students a year study overseas.

Medical

There are state pension and welfare schemes. No fees are charged to out-patients and free services are available to the needy. Missions, commercial firms and private charities also provide medical services. There is a medical school in Nairobi.

Expectation of life at birth estimated in 1969 was 49 years.

FAMILY PLANNING SITUATION

The Kenyan Government was the first in sub-Saharan Africa to adopt a national family planning programme. This programme receives substantial support from IPPF, SIDA, the Ford Foundation, The Population Council, USAID, the United Kingdom, Netherlands and Norwegian Governments. All family planning activities in the country, including the work of the Family Planning Association of Kenya (FPAK) are co-ordinated through the Ministry of Health's Working Party on Family Planning.

Family planning services are now available from some 280 clinics run by the Government and various other groups and organisations.

History

The FPAK was the principal organisation working in the field of family planning between 1961, when it was founded, and 1965 when the Government accepted a family planning programme as part of its 1966-70 Development Plan. In 1965 experts from the Population Council had presented a report to the Government which formed the basis of the National Family Planning Programme. External assistance has been playing an important role in the implementation of this programme. In February 1970, IPPF signed a Technical Assistance Agreement with the Government of Kenya covering matters of mutual concern such as the Mobile Teams, the Family Welfare Centre and IPPF's Regional Office and staff.

FPAK became an IPPF member in 1963,

Legislation

There is no anti-contraceptive legislation. Abortion is permitted on some medical grounds.

Family Planning Association

Address:

Family Planning Association of Kenya,
P.O. Box 30581,
Nairobi.

Tel: 28029

Telegrams: FAMPLAN

Personnel:

President:	Dr. S.N. Mwathi
Chairman:	Mr. W.N. Wamalwa
Executive Director:	Dr. G. Kigondu
Secretary:	Dr. J. Kabiru
Programme Officer:	Miss F. Mudoga

Services

The main responsibility of the FPAK since the establishment of a Government Programme has been for information and education work within the national programme. The Government took over most of the clinics formerly run by the association, and FPAK services are now limited to a few clinics for fee-paying clients. Eight clinics were run in 1971, and FPAK recorded a total of 1,219 new acceptors out of a total of over 5,000 visits.

Information and Education

Information and education work in Kenya is the main responsibility of the FPAK. The Government assists this work by providing free use of radio and television, for example. An Information and Education Officer (Programme Officer) was appointed early in 1970, and attended three family planning communication workshops during the year.

A variety of activities were carried on during 1971. Lectures were given in schools, colleges and at public meetings. Twenty-two one-day seminars were held in different districts for local leaders, government personnel, politicians and representatives of other organisations. About 2,000 people participated. Four courses were organised for social workers and one for domestic science teachers to learn about family planning.

Leaflets in English and Swahili are produced in collaboration with IPPF and the Ministry of Health. FPAK distributed over 700,000 in 1971. The first edition of a family planning quarterly journal, 'Jamii'was published at the beginning of 1972. A booklet was also produced on 'Sex Education for Better Living' aimed at youth generally.

FPAK participated in various shows during the year. A family planning song, 'Maisha Mema' was frequently used as part of the publicity.

The Government allows FPAK free use of radio and television and the association has made considerable use of this facility. In 1971, 22 radio interviews were broadcast in English, Swahili and local dialects. On television, FPAK organized 6 interviews, and 4 forums on the reasons for a National Family Planning Programme. Many articles on various subjects related to family planning appeared in the press (over 100 in 1971), and extensive use was made of the association's stock of films. FPAK has a collection of 25 different films, and each area officer has use of a projector to show films in his/her area.

FPAK has made some attempt to reach youth through participation in seminars organized by the YWCA, YMCA and WAY. The demand for speakers on sex/population education for youth far exceeds the number of association staff capable of giving such talks.

Fieldwork forms an important part of the association's work. At the beginning of 1972 there were 50 field educators supervised by 6 area officers. The number is expected to increase by 10 during the year. House to house visiting for motivation and follow-up by field educators is limited at present by other duties, such as paper work at clinics, but it is hoped to improve follow up in 1973.

Training

FPAK personnel are trained at the Family Welfare Centre, Nairobi.

Fund Raising

Various fund raising activities are planned for 1973, including a flag day, raffles, jumble sales, fetes, auctions and dances.

Special Projects

The results of a Knowledge, Attitudes and Practice survey carried out in 1970 with Ford Foundation assistance have been made available to FPAK. The study showed that approximately 65% of adults in Kenya knew no method of family planning, but also indicated a growing desire for information about family planning. The study also showed radio to be the best source of information of the various forms of media. This information has encouraged the association to try and extend its education activities with emphasis in the longer term on a greatly increased field educator force.

FPAK also wishes at some stage to carry out a countrywide survey to discover why there are so many drop-outs, but this project may have to be postponed for some time. Latest information from the Ministry of Health indicates that 76% of all new acceptors drop out within the first 2 years.

GOVERNMENT

Personnel

Minister of Health:	Hon. I. Omolo Okero
Director of Medical Services:	Dr. J.C. Likimani
Permanent Secretary, Ministry of Health:	Mr. J. Kyalo

The Director of Medical Services is responsible for overall policy and planning. The Government's goal is to reduce population growth rate by 1% in 10 years. In order to help implement the programme, it is proposed to establish an inter-agency committee to coordinate policy formulation and review, as well as evaluation. The proposed committee would include representatives from the various Ministries concerned, Health, Education, Co-operatives and Social Services and the Treasury, the Family Planning Section, Broadcasting, the FPAK and IPPF.

Services

At the beginning of 1972 the Government was providing family planning services in some 154 clinics (not including clinics covered by IPPF mobile teams). In the first six months of 1971, a total of 85,309 visits were recorded, of which 20,000 were new acceptors. This was an increase of approximately 33% and 23% respectively on attendance figures for the same period in 1970.

A five-year expansion project invisages reaching a maximum target of averting some 230,000 births between 1972 and 1976. It is calculated that the total number of acceptors would need to be more than half the women in the 15-45 age group in the country.

The pill is the most popular method of contraception with new acceptors. The Government adopts a cautious attitude towards Depo Provera, and the drug is only available from a few centres in Nairobi despite its great popularity with acceptors. At present it is only permitted to be given to clients over 30 years old and with five children.

Training

Almost all training of government personnel takes place at the Family Welfare Centre.

IPPF

Africa Regional Office - Address

P.O. Box 30234,
Nairobi. tel: 27839

Personnel

Regional Secretary: Mr. Christian K. Gbeho
Information and Education Officer: Mr. S.R. Sheikh
Finance Officer: Mr. J. Moronha

During 1972 an almost completely new staff took up appointments at the Africa Regional Office. This included the new Regional Secretary, Mr. Gbeho, and a full-time Information and Education Officer. Regional Office has already assisted a number of associations by producing booklets, posters and pamphlets in some local languages as well as English. IPPF was responsible, together with the Red Cross, for a short film about Kirathimo village, a model village where family planning is provided as part of a general education programme for mothers and their children suffering from malnutrition.

During 1971, various field visits were made by members of the Regional Office staff to countries in East, Central and Southern Africa and the Indian Ocean Islands. A Field Advisor from IPPF Central Office in London is giving assistance to the Nairobi office during 1972 and part of 1973.

Mobile Teams

IPPF supports seven mobile teams, seconded to the Ministry of Health, working in Nairobi, Mombasa, Kisumu, Kericho, Thomson Falls, Nyeri and Meru areas. Each team has one doctor, an educator and a nurse/midwife. The first team began work in April 1968, and the seventh in January 1970. Clinics are held in government premises, and family planning sessions frequently coincide with MCH sessions so that field educators can approach women attending other clinics. The choice of clinics lies ultimately with the local Medical Officer of Health. The units also provide training for government health personnel particularly paramedicals.

In 1971, the seven mobile units served a total of 56,860 clients, of which 14,181 were new acceptors. Figures for 1970 showed the mobile teams accounted for more than one third of the new acceptors in Kenya. IPPF assists in evaluating the work of these teams.

Family Welfare Centre

IPPF's training centre, the Family Welfare Centre, located in the grounds of Kenyatta Hospital, was completed in February 1969. The Centre acts as a training-cum-service institution. Doctors, paramedicals and fieldworkers from FPAK, the Kenya Government and other African countries receive training at the Centre. The Nairobi City Council also uses the Centre as one of its routine MCH clinics where family planning services are offered. Free MCH services are provided, including family planning, to all mothers and children. Family planning clinics are held four days a week, and are always well attended. In 1970, 2,491 new acceptors attended the Centre, and this rose to 3,900 in 1971. Ie 1970, 44% of new patients chose the pill, 41% injectables, and 14% IUDs. The growing demand for injectables continued in 1971, (figure for 1969 was 24% injectables) and the highest continuation rate was reported for this method, despite the fact that it has to be paid for, and that women have to travel from all over Kenya to obtain it from the one or two centres in Nairobi.

Training in 1971 covered lectures for 4th year medical students and final year nurses from Kenyatta Hospital. Courses were held for some 40 paramedicals and 12 field educators.

The Family Welfare Centre is at present the only centre available to the Government for training of its medical and paramedical staff.

Other Assistance

The Netherlands Government provides a training team of gynaecologists and nurses, who run clinics as well as assist with training.

SIDA has provided a family planning administrator seconded to the Ministry of Health, and also contraceptive supplies.

NORAD has given equipment for 50 family planning clinics.

USAID sent two experts to assist with the 1969 census. In 1971, $141,000 was allocated to a demographer and short-term computer programmer to continue work on the census, and a health educator and communications media advisor to develop educational materials for MCH/family planning programmes.

The United Kingdom Government has given equipment to be used by an evaluation unit.

Ford Foundation has given financial assistance both to the Ministry of Health and to FPAK for research and training in communications and motivation.

Population Council supports a resident advisor in the Ministry of Health's Family Planning Section. It is also supporting research being carried out at the University of Nairobi.

OXFAM has given assistance to FPAK.

World Neighbours have co-operated with a number of other voluntary bodies in Kenya in family planning work.

Pathfinder Fund has given some assistance to FPAK.

SOURCES

FPAK Annual Report 1971.

FPAK 1973 Budget.

Europa Yearbook 1971.

Situation Report

Distribution *

Country LEBANESE REPUBLIC Date JULY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			10,400 sq.kms.
Total Population	1,620,000	2,110,000	2,787,000(1970est)[1]
Population Growth Rate			2.9%(1963-70)[1]
Birth Rate			40per 1,000(1964)[5]
Death Rate			10.5 per 1,000 (1964)[5]
Infant Mortality Rate			...
Women in Fertile Age Group(15-44)			...
Population under 15			43.9%
Urban Population			40.6%(1970)[2]
GNP per capita			US$580(1969)[3]
GNP per capita growth rate			2.1%(1960-69)[3]
Population per Doctor			1,230(1967)[4]
Population per hospital bed			250 (1967)[4]

1. UN Demographic Yearbook 1970
2. UN Monthly Bulletin of Statistics, November 1971
3. World Bank Atlas, 1971
4. UN Statistical Yearbook, 1970
5. Estimates by United Nations Economic and Social Office in Beirut

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*This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Lebanon is a Republic which gained its independence in 1942 during the Second World War. Since then Lebanon has experienced a remarkable economic expansion based on its advantageous geographical location as a gateway to the Middle East.

Though the Lebanon is the most heavily urbanised country in the Near East, the agricultural sector continues to be very important. The country consists of two very high mountain ranges separated by a plateau valley. The highest peaks are well above 9,000 feet. The resulting diversity of climate, in conjunction with a plentiful water supply, enables the cultivation of an extremely large selection of fruit and vegetables for both the home market and export. The rural areas of the Lebanon are generally much more prosperous than those of the neighbouring countries.

Ethnic Groups

Lebanon has long been the meeting ground for many different ethnic groups due to its strategic position on the eastern corner of the Mediterranean. As a result, it is very difficulty to give an ethnic characterisation of the country.

Language

While many languages have flourished in the Lebanon through the years, today Arabic is the national language. Many Lebanese speak French or English in addition. Armenian is spoken by the sizeable Armenian minority.

Religion

The Lebanon is a country of extreme religious diversity. The most important Christian denomination is the Maronite church, which is affiliated to the Catholic church, followed by Greek Orthodox and Greek Catholic churches. The muslim population represent both the Sunni and Shiia sects, in addition to the Druzes.

Economy

The urban economy is to a very large extent based on trade activities. Economic stability and liberal legislation has made Beirut the most important commercial centre of the Near East, with banking facilities, transit and entrepot trade, insurance and other services covering the whole area. Many foreign firms and international organisations have their regional headquarters in Beirut.

There has been rapid industrial expansion but this is from a very small base. It is reflected in the balance of payments where imports outweigh exports by 3 to 1. This deficiency is covered by services and the remittances from Lebanese emigrants who most often retain ties with the country.

The pleasant climate and good hotel communication facilities have made Lebanon an important tourist centre and the tourist trade has now overcome the effects of the 1967 war.

Communications/Education

Radio receivers:	213 per 1,000 (1968)
Television sets:	145 per 1,000 (1968)
Cinemas:	42 seats per 1,000 (1965)

The density of the population and the compactness of the country has enabled the Lebanon to extend the primary school system to all areas and the adjusted primary school enrolment rate is 111, indicating a good deal of repeating of grades. The secondary school enrolment rate is 28%. Private institutions provide the main facilities for secondary and higher education. The literacy rate is over 80%, the highest in the Arab world. There are four universities, two of which have medical schools.

Medical/Social Welfare

In 1971 a comprehensive social security system which is compulsory for all salaried personnel was introduced.

FAMILY PLANNING SITUATION

Family planning advice and supplies can be obtained from the clinics of the Lebanon Family Planning Association in the three largest cities and from a complex of 4 centres at the American University Hospital in Beirut, as well as from many individual doctors. Although importation of contraceptive supplies is illegal oral contraceptives are easily available on the market as period regulators as are condoms as a prophylactic against venereal disease.

IPPF Middle East and North Africa Regional Office is in Beirut.

Government Attitude

The official attitude towards family planning in the Lebanon is quite favourable in spite of existing adverse legislation. The Association has the support of the Ministries of Health, Labour and Social Affairs and the Ministry of Planning, all of which have liaison officers with the Association. In 1971 the Lebanon Family Planning Association was declared a Public Utility Agency which, in addition to showing the official support will also exempt it from taxation.

Legislation

At present, the following paragraphs of the Lebanese Penal Code make all family planning activities illegal and subject to punishment.

'Anyone attempting .... to prescribe or advocate contraceptive means or offering to make propaganda for pregnancy prevention shall be punished by prison from 6 to 12 months and fined 100 Lebanese pounds. The same punishment shall be applied to any person who sells or shows for selling or stocks any material prepared to prevent a pregnancy or offers to make their use easy by any means.'

The Association has been instrumental in preparing public opinion for a change in the Penal Code, and it is represented on a ministerial committee convened to re-draft the sections quoted. It is hoped that these changes will soon be effected.

Induced abortion is illegal, and the association strongly recommends that it continues to be so. One of the declared aims of the Association is to combat illegal abortion.

Family Planning Association

Address:

Lebanon Family Planning Association,
P.O. Box 8240,
Beirut,
Lebanon. Tel: 311978

Personnel:

Honorary President:	Mrs. Zahia Salman, President of the Lebanese Child Welfare Society,
President:	Dr. Edma Abouchild, Associate Clinical Professor, Obstetrics & Gynaecology, American University of Beirut,
Secretary-General:	Mr. Toufic Osseiran, Director of Social Welfare Services in South Lebanon.

There has been an interest in family planning at an individual level and in spite of legal restrictions many doctors have given contraceptive advice. However, this interest was not formalized until August 1969 when the Lebanon Family Planning Association was formed following a visit to Lebanon by Dr. Agnete Braestrup, IPPF Past President, and Mrs. Joan Rettie, IPPF Europe and Near East Regional Secretary. The occasion of the visit was the holding of a 'Children's Week' in February 1969, the theme of which was responsible parenthood. Subsequently the Association was registered as a charitable association and the IPPF gave a grant to enable it to set up its headquarters and draw up a plan of action.

The main aim of the Association in the long run is to have family planning services integrated in the public health network, and it is starting to gain acceptance of this idea with the relevant authorities. In the short-run the main aim is to obtain a change in the present restrictive legislation concerning family planning, while at the same time educating the public at all levels. To further its aims, the association is running four pilot clinics at the present time, with plans to open four more in the near future.

The Lebanon Family Planning Association became an associate member of the IPPF early in 1971 and a full member later that year. The Lebanon Family Planning Association has been invaluable in assisting in the establishment of the IPPF Middle East and North Africa Regional Office in Beirut.

Services

At present, the Lebanon Family Planning Association's four clinics comprise 2 in Tripoli, 1 in Beirut and 1 in Sidon. These are the three largest cities in Lebanon, containing about one third of the total population.

Clinical services in a further clinic in Beirut and a clinic in Baalbek were initiated during the first half of 1972.

These clinical activities started in June 1970 and are all housed in existing units maintained by the Office of Social Welfare. However, clinical activities are not carried out on a large scale since the long term aim of the Association is to have family planning integrated in the Public Health services.

The Association sees its main role in information and education in all sectors of the population.

Most contraceptives are available locally on a commercial basis and it is known that there are substantial sales of oral contraceptives. It is also known that there are significant numbers of illegal abortion.

Information and Education

In view of the legal situation, the Family Planning Association has not embarked on large scale mass communication projects, instead it has concentrated on contacting special groups and gaining offical support. In July 1971, a course on family planning was arranged for 65 leaders of Labour Unions to acquaint them with the concept of family planning and the work of the Association. The course was very successful and generated much publicity on the radio and television and in the press.

In 1971 the Lebanon Family Planning Association became a member of the 'Women's Council of Lebanon', an organisation made up of 82 voluntary and charitable bodies. This has proved to be very beneficial to the Association since it has provided a wide range of audiences for discussion of information on family planning.

One of the members of the Association has a daily 15 minute broadcast on radio consisting of a 'letter-box' for questions on 'The Family'. The response to this programme has revealed the need for an elementary booklet on family planning in Arabic which is being prepared by a sub-committee of the Association.

Another sub-committee has conveved to study the possibilities of introducing sex-education into school curricula.

Throughout its existence so far the Lebanon Family Planning Association has had extensive press coverage on its activities.

Training

Three doctors, three nurse/midwives and four social workers were trained under the Regional Training scheme of the IPPF during 1970. During 1971 IPPF sponsored the study tour of two Lebanese social workers to Egypt and Tunisia, and a nurse/midwife was sponsored for training in London under the same scheme. A Lebanese delegation participated in the Family Planning Week in Cairo in April 1971 and in the future it is planned to hold a similar week in Lebanon. These trained personnel now constitute the core of the training personnel of the Family Planning Association.

Early in 1971, the Family Planning Association arranged the first national training course of family planning for lady doctors, nurses, midwives, social workers and health visitors. There were

approximately 30 participants and there are plans to regularly hold more of these courses in the future.

Trainees from the Lebanon Family Planning Association participated in a training course in Alexandria in Egypt in July 1971.

The IPPF has given an annual grant to the American University of Beirut, since 1970, to enable the expansion of the existing family planning facilities so that they can be utilised for Regional Training activities.

Research

The Association is in the last stages of completing a survey on family planning, financed by the UNFPA. The results of the survey will be used to guide the association in the formulation of a three year plan of activities.

The American University is running a series of research activities on various aspect of family planning and reproductive biology, the doctors involved mostly having connections with the Family Planning Association.

IPPF Assistance

In 1969 the IPPF gave an initial grant of US$4,800, in 1970 US$24,000 and in 1971 again US$24,000. US$36,000 have been allocated for 1972.

Other Assistance

The UNFPA gave the Lebanon Family Planning Association a grant of $45,000 to cover the above mentioned survey, training programmes and study tours for family planning personnel.

The Ford Foundation has sponsored visits to Cairo by the personnel from the Family Planning Association to the Family Planning Weeks in 1969 and 1971.

Sources

Reports from the Lebanon Family Planning Association to IPPF.

Europa Yearbook 1971.

UNESCO Yearbook 1969.

UNESOB, Selected development problems in the Middle East 1969, 1970.

Situation Report

Distribution *

Country MALAGASY REPUBLIC (Madagascar)

Date AUGUST 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			587,041 sq.kms.
Total population	4,256,000	5,393,000	6,750,000(1970)[1]
Population growth rate			2.3%(1963-70)[1]
Birth rate			46 per 1,000 (1966)[1]
Death rate			25 per 1,000 (1966)[1]
Infant mortality rate			102 per 1,000 (1966)[1]
Women of fertile age (15-44)			1,258,000 (1966)[1]
Population under 15			46.4%(1966)[1]
Urban population			14.1%(1970)[1]
GNP per capita			US$110(1969)[2]
GNP per capita growth rate			0.0%(1969)[2]
Population per doctor			9,970(1969)[3]
Population per hospital bed			340(1969)[3]

1. UN Demographic Yearbook 1970
2. World Bank Atlas
3. UN Statistical Yearbook 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Malagasy Republic, situated over 200 miles from the south-east coast of Africa, became an independent state within the French community in 1960.

Overall density is about 11 per square kilometre, but parts of the south and west are almost uninhabited. The population is concentrated in the central provinces of Fianarantsoa and Tananarive. The capital city, Tananarive, has a population of 335,000.

ETHNIC GROUPS

There are some 18 different Malagasy ethnic groups. The largest are the Hova, Betsimisaraka and Betsileo. About 33,000 Frenchmen and 47,000 others from Reunion and the Comoro Islands also live in Madagascar, together with some 17,000 Indians and a few thousand Chinese.

LANGUAGE

Malagasy and French are the official languages.

RELIGION

The majority of the population follow traditional beliefs. There is a large Christian following of various denominations (about 20% total population are Roman Catholic), and a Muslim minority (about 5%).

ECONOMY

The vast majority of the population gain a living from agriculture.
Agriculture also provides about 90% of the Country's exports.
Rice is the staple diet, and coffee the major export.
There is very little industrial development, and industry employs only about 25,000 people. The majority of industry is engaged in processing agricultural products.
The country is known to have a wide variety of minerals, but only mica and graphite have been regularly mined for export so far.
Main exports in 1969, in order of importance, were: coffee, vanilla, rice sugar and tobacco.

COMMUNICATIONS/EDUCATION

The transport system is not well developed and the terrain is difficult. There are some 40,000 kilometres of road, but very little is tarred. There are various ports, and an international airport at Ivato, near the capital.

Radios:	74 sets per 1,000 people (1970)
Television:	0.2 sets per 1,000 people (1970)
Cinema:	1.9 seats per 1,000 people (1970)
Newspapers:	8 copies per 1,000 people (1967)

There are 6 principle daily newspapers.

School enrolment 1968-69: primary - 815,000 secondary - 67,030

Education is both public and private. It is compulsory between the ages of 6-14. It is estimated that over 50% of those eligible actually attend. Over 60% of people over 15 are thought to be illiterate. There is one

university, which registered 3,450 students in 1967-68.

MEDICAL

Medical services are free and there are family allowances. There is one medical school.
Sterility and subfertility, as a result of venereal disease, and abortions are thought to be a serious problem.

FAMILY PLANNING SITUATION

A limited family planning service is provided by the Association pour le bien-etre de la famille et la santé de la mère (Fianakaviana Sambatra).

HISTORY

Fianakaviana Sambatra was founded in 1964 by Mrs Beth Arnold. Three years later President Tsiranana declared himself against the sale of any contraceptives. However, official registration was eventually achieved in 1967 and confirmed in the Government's 'Journal Officiel'. The Association's work has been strictly limited to providing contraception to married women who have their husband's consent.

The Association became an IPFF member in 1971.

ATTITUDES

The Government does not favour family planning, and is strongly opposed to any suggestion of population limitation. It has confiscated conttaceptive supplies sent to the Association on a number of occasions. However, the Association's activities are now tolerated provided they are kept within a strict framework.

LEGISLATION

The French 1920 anti-contraceptive law is still in force. Abortion is illegal.

FAMILY PLANNING ASSOCIATION ADDRESS

Fianakaviana Sambatra
(Association pour le bien-etre de la famille et la santé de la mère)
Immeuble Razafimandimby,
Rue Ramisiray,
Soarano,
B.P. 703,
Tananarive.

PERSONNEL

Chairman: Dr. Ramiaramanana Ralivao

Executive Secretary: Mrs F. Ramambasoa

SERVICES

The Association ran 3 clinics in 1971, 2 in Tananarive and 1 in Antsirabe. During the year a total of 2,472 family planning visits were made, of which 952 were new acceptors. Figures by method for new acceptors showed 533 injectables, 225 IUDs, and 186 oral pills. Injectables proved a great

success in terms of popularity, while IUDs were reported to grow less popular as the year progressed, and pills became more so.
The Association also offered infertility treatment (120 visits: 4 became pregnant), gynaecological examinations and a few marriage counselling sessions. A fourth clinic opened in 1972.

INFORMATION/EDUCATION

In view of government opposition, information and education activities are necessarily on a very limited scale. There has been almost no publicity. In 1971, some 2,500 leaflets outlining the aims of the Association were distributed by hand, and 150 copies of the IPP News were given to patients. A number of meetings took place during 1971 at which family planning and family life education were discussed. A three-day seminar is planned for 1973. It is also planned to publish a quarterly newsletter in Malagasy giving information about family life education.

TRAINING

Training is also limited and there is no organised programme.
2 doctors received overseas training in 1970. It is hoped to send one member of the Association's staff for information and education training overseas in 1973.

PLANS

There are plans to appoint a mobile doctor, assisted by one field worker, to visit rural areas in 1973.

OTHER ORGANISATIONS

IPPF provides a grant to the Association

Pathfinder Fund has given some assistance.

Oxfam has given assistance for the training of 2 doctors and for equipment for the new family planning clinic at Antsirabe.

SOURCES

Annual Report for 1971 of the Madagascar Family Planning Association
Budget for 1973 of the Madagascar Family Planning Association
Europa Yearbook 1972.
Africa 71.

Situation Report

Distribution *

Country: MALAYSIA (WEST)

Date: AUGUST 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			131,313 sq.kms.[1]
Total population	5,190,000	6,909,000	8,801,399(1970)[2]
Population Growth Rate			2.6%(1963-70)[3]
Birth rate	44.1	40.9	33 per 1,000 (1969)[4]
Death rate	15.4	9.5	7.2 per 1,000 (1969)[2]
Infant Mortality Rate	97.3	68.9	43 per 1,000 (1969)[2]
Women of Fertile Age(15-44)			1,230,000(1970)[2]
Population under 15			44%[4]
Urban Population			45.3%[5]
GNP per capita			US$360(1970)[2]
GNP per capita growth rate			3.8%(1960-69)[6]
Population per doctor	8,600	6,500	5,200(1971)[7]
Population per bed	232	286	330(1971)[8]

1) UN Statistical Yearbook 1970

2) Department of Statistics, Malaysia, 1971

3) UN Demographic Yearbook 1970

4) Population Reference Bureau, World Population Data Sheet 1972

5) UN Monthly Statistical Bulletin, November 1971

6) World Bank Atlas 1971

7) Ministry of Health, Public Health Institute, Malaysia

8) Ministry of Health, Malaysia.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

West Malaysia consists of 11 States on the Malayan Peninsula; the Malaysian Federation is made up by the addition of Sarawak and Sabah in North Borneo. Malaysia's Head of State is one of the nine State Monarchs who is elected for a five-year period as the other states were settlements having no State Monarch.

Malaysia is a tropical country and about four-fifths of the country is covered by forests and swamps. Population density in West Malaysia is 67 per square km.(1970). Over one half of the population live in communities of 5,000 or more, with the urban sector increasing more rapidly than the population as a whole. Over three-quarters of the population are concentrated in the coastal areas, where the density is nearly double the average for the country as a whole.

Ethnic Groups

1969 estimate - 51% Malay, 36% Chinese, 11% Indian and 2% others.

Language

The official language is Malay (Bahasa Kebangsaan), English is widely spoken; some Chinese dialects and Tamil are also spoken.

Religion

More than half of the population are Muslim and Islam is the official religion. There are Buddhist and Hindu minorities.

Economy

Malaysia is the world's leading producer of natural rubber, accounting for 35% of the world's total output. Malaysia is the world's largest source of tin, producing over one third of the world's supplies and us also one of the largest exporters of palm oil. Malaysian economy relied heavily on production and export of rubber and tin for foreign exchange. There is a serious problem of unemployment rising from 6.5% in 1965 to 8.0% at the end of 1970 and the growing population is now estimated to require 160,000 new jobs annually for the next five years (1971-75). About 50% of the economically active population is engaged in agriculture. The second largest crop after rubber is rice. Timber is also one of the principal exports.
US$1 = Mal.$2.80.

Communications/Education

Malaysian radio broadcasts in four languages: Malay, English, Chinese and Tamil. A television station was established in 1963 in Kuala Lumpur. There were 333,943 radios licenced and 189,376 TV receivers in 1970[1]. In 1969 Malaysia had 35 daily newspapers with a circulation of 6,200,000, i.e., 63 newspapers per 1,000 population.

Education is free and compulsory between the ages of 6 and 15. According to the 1957 census, literacy rate in West Malaysia in any language was 40%. There are 3 universities - two at Kuala Lumpur and one at Penang. It is estimated that by the year 1982 there will be about 3.58 million school-age children.[2]

1. Annual Statistical Bulletin 1970. Department of Statistics, Malaysia.
2. Lyle Saunders: Population Development and Welfare in Malaysia.

Medical

Medical services are provided by the Government. The medical and health services were expanded in 1967 and during the Second Five Year Development Plan (1966-1970) the expansion of health services in the rural area was particularly stressed. Hospital admission, hospital out-patient attendances and maternal and child health clinic attendances had increases of 40%, 81% and 42% respectively during the ten year period of time from 1957 to 1967.

FAMILY PLANNING SITUATION

There is a Federation of Family Planning Associations in Malaysia. The Government accepted responsibility in 1965 for a family planning programme and set up a National Family Planning Board (NFPB) in 1966. The Malaysian Government was one of the original signatories to the United Nations Declaration on Population.

Malaysia initiated the formation of the Intergovernmental Coordinating Committee of South-East Asia Regional Cooperation in Family and Population Planning which comprises of Khmer, Malaysia, Nepal, Singapore, Philippines, Indonesia, Thailand, Laos and South Vietnam.

Legislation

No anti-contraceptive legislation exists. Abortion is illegal except on medical grounds. No data is available on number of abortions. But approximately half the gynaecological admissionsat the General Hospital, Kuala Lumpur result from illegal abortion. A tudy of a thousand abortion cases in this hospital in 1962 showed abortions to have been 14.7% of all deliveries in the same period. Many of the abortions seen were spontaneous but enough were known to have been induced.

In 1969, 12,159 abortion cases were treated in West Malaysian hospitals.

Family Planning Association

Address:

Federation of Family Planning Association,
59 Jalan Templer,
Petaling Jaya,
Selangor,
Malaysia.

Personnel:

President:	Tunku Tan Sri Mohamed bin Tunku Besar Burhanuddin
Vice-Presidents:	Dr. L.S. Sodhy Tunku Maimunah binte Sultan Ismail Dr. S. Lourdenadin
Chairman:	Puan Sri Rosalind Y.C. Foo
Vice-Chairman:	Dr. T. Deveraj
Secretay-General:	Sr. T. Visvanathan
Treasurer-General:	Inch Mohamed Desa bin Pachi
Chairman, Medical:	Dr. Tharmaratham

Personnel cont.

Chairman,
Education & Publicity Sub-Committe: Mrs.R.Wan Daud

Chairman,
Information & Education Sub-Committee: Mrs.M.K.Butcher

Chairman,
Training Sub-Committee: Mrs. C.A.J. Potter

Chairman,
Finance Establishment Sub-Committee:
Inche Mohamed Desa bin Pachi,

History

First organised family planning activity began in July 1953, with the formation of the Family Planning Association of Selangor, followed by the formation of Associations in Johore, Perak and Malacca. In 1958, these Associations formed the Federation of Family Planning Associations (FFPA), with headquarters in Kuala Lumpur, which became a member of the IPPF in 1961. By 1962, the Federation was made up of 11 autonomous Associations, one for each state in West Malaysia. IPPF South East Asia and Oceania Regional Office is now located at Kuala Lumpur.

Close cooperation exists between the FFPA and the NFPB, with representatives of the Federation sitting on all the main committees such as Central Coordinating Committee, Joint Services and Evaluation, Training and Information Sub-Committees. In 1970, representatives of the FFPA, participated in the preparatory planning meetings organised by the NFPB and the Malaysian Government such as - the Second Malaysian National Seminar on the General Consequences of Population Growth; Combined Conference on Evaluation of the Malaysian National Family Planning Programme and the East Asia Population Programme and the South East Asia Ministerial Conference on Regional Cooperation in Population and Family Planning.

Close cooperation and liaison are maintained with women's organisations of all kinds, universities and government departments.

Services

In 1971 FFPA operated one clinic at its Demonstration Training Centre in Kuala Lumpur and through the 11 state FPAs provided family planning services at a total of 177 clinics and 122 rubber plantations in the 11 states. During 1971 a total of 21,488 clinic sessions were held, and the total attendance was 291,584. Of these 14,776 were new patients. Number of individual women seen:53,669.

The FPA clinics offer a cafeteria type of service, but oral contraceptives are most popular. In 1970 a total of 385,557 cycles of oral contraceptives were issued to patients.

Training

The Demonstration Training Centre (DTC) has played an important part in training family planning workers since 1966, when it was set up, with the help of a special grant from IPPF. The training provided covers every aspect of clinical family planning service and the supporting fieldwork of motivation, including follow-up of patients and home-visiting.

The number of people trained is determined by the requirements of the State Associations and government. The type of personnel trained include - doctors, state organisers, qualified nurses, assistant nurses, clinic supervisors, clinic assistants, midwives, fieldworkers, clerks, voluntary workers, voluntary government senior nurses, voluntary government nurses, family planning office assistants.

In 1971, the DTC, trained 115 Federation and Government family planning workers. In addition, 50 government family planning and health workers attended lectures and/or practical clinic observations. To promote regional cooperation, the DTC organised three-day courses for five groups of visiting Indonesian family planning officials.

Information and Education

The period since the NFPB started operations has been one of re-assessment of the FFPA's role. In 1970, the FFPA assessed its role, and identified the lines along which it would work, in order to complement and supplement the educational work of the NFPB. As a first step FFPA provides family planning orientation courses to strategic groups at both central and state levels. A full time Education and Publicity Officer has been employed since July 1971.

Educational and motivational activities are directed towards:

a) Post partum and high parity women. Personal educational contact work at Maternal and Child Health centres and some Maternity Hospitals is routinely undertaken.

b) Men, primarily in rubber estates, industry, police and armed forces.

c) Professional groups - doctors, nurses, teachers, etc. - through seminars, lectures during pre and in-service training.

d) General public through exhibitions, films, shows, publicity, etc.

The Information Section of the Federation is responsible for assembling information and producing background material and factual data to support the work of the FFPA and 11 State FPAs, and gradually establishing the nucleus of the Federation Information Service on family planning and related subjects.

In 1970, one motivational leaflet in five languages was produced and 56,695 of these were distributed. Besides this posters in five languages were also produced.

Evaluation and Research

The Evaluation Section analyses family planning service statistics, characteristics of acceptors, and annual costing of family planning services.

It has also compiled reports on patient 'drop-out' by States, analysis of FPA patient work load by states, clinic by clinic service attendances for each state, etc.

In 1970, medical data were collected and the Medical Sub-Committee carried out a five year retrospective study of deaths due to thromboembolismin women aged 15-45 years using oral contraceptives.

In 1970, in addition to the above mentioned evaluation, the Section made (a) a detailed analysis of voluntary family planning service situation for the whole country, to provide guidelines for discussions of the NFPB/FFPA working group on family planning services (b) carried out research for the identification of the financial impact of integration of family planning services into Rural Health Centres, and of withdrawal of voluntary family planning services from Government health premises.

Government

Address:

- National Family Planning Board,
Bagunan Umno Selangor,
Peti Surat 416,
Jalan Ipoh, Kuala Lumpur,
Malaysia.

Personnel:

Chairman: Enche Mohamed Khir Johari
Director-General: Dato Ariffin bin Marzuki (Dr.)

History

The Government accepted responsibility for family planning programme 1965 The Family Planning Act was passed by the Parliament and received Royal Assent in April 1966. The National Family Planning Board (NFPB) came into existence as an interministerial organisation, having statutory powers and autonomy. Five Divisions were established in the NFPB - Service and Supplies; Training; Information; Evaluation and Research, and Administration.

The NFPB commenced functioning in June 1966 with the target of reducing the rate of population growth from 3% to 2% by 1985. Before commencing, a KAP study on family planning was conducted by the Department of Statistics with technical assistance from the University of Michigan in conjunction with the NFPB.

Services

In the national programme, service is provided through the following channels: NFPB main clinics, sub-stations and mobile clinic teams; voluntary Family Planning Associations; those plantations which participate in the national programme; the Federal Land Development Authority Schemes and private practitioners. Clinical services are supported by face-to-face motivation at hospitals, maternal and child health centres by the NFPB and FPA staff. The NFPB services programme was planned to be carried out in four phases beginning with the large metropolitan areas in Phase I and expanding to rural areas in Phase III and IV. Phase 1, which covered seven large municipalities with maternity hospitals attached to general hospitals involving a total population of about 1.5 million was completed in 1967. In 1968, Phase II, expansion of services into smaller cities was accomplished. Twenty-eight district hospitals and some adjoining health centres were opened. In Phase III family planning services were extended to the remaining district hospitals, main health centres and sub-centres.

Since 1970, Phase IV of integrating family planning into government rural health services is being implemented. To implement this programme the NFPB trained 230 Ministry of Health staff. State

coordinating committees have been formed to conduct the programme. Evaluation studies are being undertaken to analyse administrative methods, contraceptive distribution and role of auxiliary health personnel in motivation.

The Board had set out a target of recruiting over 400,000 acceptors by the end of 1971. This would mean approximately 30% of married women 15-44 years of age. Currently, 186 estate and 100 private medical practitioners are participating in the national programme. The National Family Planning Board was operating 75 state and 415 mobile clinics. By September 1970, the Board had a total of 325 staff. In 1970, a total of 55,981 new acceptors were recruited. 92% of the acceptors chose oral contraceptives.

Many methods of contraception are freely available and injectable methods were tried out with success.

Orals are supplied at a fixed price of M$1.00 (US 28 cents) per cycle. A small registration fee is also charged. However, free orals and registration are made available to those who cannot afford to pay. On an average 75% orals are sold and 25% are given free. Other contraceptive methods are provided free of charge.

Training

The Training Division conducted a total of 45 training courses in 1970. Of these, 27 courses were held in Kuala Lumpur and 16 outside Kuala Lumpur. In these courses 898 family planning personnel were trained - 107 were the Board's staff, 542 from the Ministry of Health and 149 traditional midwives.

The training division planned to train approximately 1,069 persons in 1971. Fifty-eight courses have been schedules, covering all categories of staff, particularly village midwives and Ministry of Health staff. It is hoped to train 500 village midwives by the end of 1971.

Information/Education

All information and mass media channels have been utilised in the educational campaign. The 1970 information/publicity programme gained momentum in rural areas in view of the integration programmes and expansion of Phase III and IV of the national programme. Information activity was stepped up in the Federal Land Development Schemes and Estates.

Field Reports compiled and collected by the Information Division indicate that approximately 183,722 people were reached in 1970, directly by the NFPB officers through 1,516 talks and film-shows. Fifty-eight exhibitions were staged in collaboration with other government departments. Through these a further 119,218 people were reached.

The Rural Broadcast Service of Radio Malaysia includes family planning as a subject, with other subjects like agriculture, health, education, etc. Talks, interviews and publicity of the NFPB's programme Are also given through all radio services. Three Bahasa Malaysia, three Tamil, three Chinese and one English interview/forum were conducted by Television Malaysia in 1970.

The Ministry of Information and its mobile units help the NFPB Information Officers by including family planning as one of the subjects for its various civic courses.

The press is widely used to spread the message of family planning. Bulitin Keluarga, a monthly newsletter is produced by the Information Division and has a circulation of over 5,000 copies.

Research and Evaluation

For evaluation purposes, individual records at the initial visit of every acceptor are made, and copies of all records sent to the NFPB's headquarters monthly. Based on these records programme achievement and acceptor characteristics are analysed. It is hoped to carry out studies and research on the inter-relationship between social, cultural and economicfactors and population changes on fertility patterns in Malaysia.

A KAP study was conducted from July 1966 to July 1967 and the data colected were published in 1968. An acceptor 'follow-up' survey was carried out by the Evaluation Division with cooperation of the Department of Statistics and the Centre for Population Planning of the University of Michigan. This survey aimed at ascertaining how long the acceptors continued with the methods first accepted, and how successful the method had been in preventing pregnancies.

Findings of the government evaluation scheme indicate that: over 50% of the acceptors are under the age of 30 and 27% are under 25 years old. 41% of all acceptors have three or less living children. Seventy per cent of all acceptors had never accepted family planning before. A high proportion of women accepted family planning for the purpose of spacing.

Other Organisations

IPPF - provides annual assistance and grants to the FFPA.

Swedish International Development Agency - extends technical assistance in the form of contraceptives, transport vehicles and training and information materials to the NFPB.

Ford Foundation - has provided support to the Malaysian family planning programme since 1964. The Foundation has given several funds to the University of Michigan to provide advisory assistance, training and materials to the NFPB.

USAID - has provided funds through IPPF for some contraceptives to the FFPA since 1969.

UNICEF - is providing equipment to the Ministry of Health for midwifre clinics and health centres, in addition to the grant given to NFPB for the training of traditional midwives in family planning.

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Malaysia and its Family Planning Programme, National Family Planning Board, Kuala Lumpur, Malaysia, March 1970.

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Situation Report

Distribution *

Country PEOPLE'S DEMOCRATIC REPUBLIC OF YEMEN

Date AUGUST 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			287,683 sq.kms.[1]
Total population	810,000	990,000	1,281,000 (1970 est)[1]
Population growth rate			2.7% (1963-70)[1]
Birth rate			50.0 per 1,000 (1965-70)[1]
Death rate			22.7 per 1,000 (1965-70)[1]
Infant mortality rate			79.9 per 1,000 (1966 registered only)[2]
Women in fertile age group(15-44)			...
Population under 15			...
Urban population			28.8%(1970)[3]
GNP per capita			US$120(1969)[4]
GNP per capita growth rate			-4.6%(1960-69)[4]
Population per doctor			12,300[5]
Population per hospital bed			1,290[5]

1. UN Demographic Yearbook
2. United Nations Population and Vital Statistics Report
3. UN Monthly Bulletin of Statistics, November 1971
4. World Bank Atlas 1971
5. Figures for late 1960s: Men and Medicine in the Middle East WHO 1971.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The People's Democratic Republic of Yemen gained its independence from the United Kingdom in 1967. The country was faced with a very difficult economic situation at the time of gaining its independence since two of its main sources of income - the income from the transit and bunkering of vessels passing through the Suez Canal, and the spending of the British armed forces in Aden - practically disappeared at the same time. The overall population density is four per square kilometre. The capital is As-Shaab.

Ethnic

The majority of the population are of Arab descent.

Language

Arabic.

Religion

The majority are Muslim but there are small Christian and Hindu minorities.

Economy

The majority of the population is engaged in agriculture, but the climate in most parts of the country is not good and yields fluctuate according to rainfall. The main emphasis in the development plans is on consolidating and expanding the irrigation facilities. Sorghum, millet and cotton are the most important crops and fishing and livestock are of some importance.

There is not much industry since Aden, the largest city, had formerly concentrated on trade and providing services as the entry port to the Suez Canal. There is however, an important oil-refinery and several minor industries exist. The city of Aden was greatly affected by the closure of the Suez Canal and unemployment rose to very high levels.

Communications and Education

Outside the cities, the educational infrastructure is very poor, especially at secondary level and less than 10% of the children attend school. The policy is to strengthen secondary schooling with the assistance of the United Nations specialized agencies to ensure that a supply of well educated young people will for forthcoming to staff the expanding community services now under development.

There are four daily newspapers. Radio broadcasts seventy-six hours a week and television programmes were introduced in 1964. It is estimated that there are 100,000 radio and 20,000 television receivers.

When the Suez Canal is open, Aden is the principal port of call for traffic between Europe and the Persian Gulf, India and the Far East. Few roads exist inland, and transport is mainly by camel and donkey.

Medical/Social Welfare

There is one general hospital, fourteen rural hospitals and a number of clinics, medical units and dispensaries with a total of about 1,300 beds. No comprehensive system of social insurance yet exists.

Family Planning Situation

There is no official policy on family planning. Contraceptive supplies are available locally. A midwife was trained in family planning under the IPPF Regional Training Scheme in 1971. One doctor participated in the training course held in Beirut arranged by the American University of Beirut in cooperation with UNICEF and WHO and later in the practical training sponsored by the IPPF.